

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	1					
5	1					
6	3					
7	3					
8	3					
9	1					
10	1					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	41					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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56					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					